

TEXAS DEPARTMENT OF LICENSING & REGULATION

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PROOF OF INSPECTION

This form was created by the Texas Department of Licensing and Regulation (TDLR) to provide proof of inspection to a building owner and is not intended to imply that a Registered Accessibility Specialist (RAS) is an employee of TDLR or that they have been hired by TDLR to perform this inspection.

This form is to be filled out in full and signed at the time and location of the inspection.

To help combat the spread of COVID-19, the owner or owner designee that accompanied the RAS on the inspection may electronically sign the Proof of Inspection form on the day of the inspection.

	PROJECT I	NFORMATION		
1. Project Name:			2. TDLR Project #:	
3. Project Address:			Suite #:	
City:	County:		Zip Code:	
	RASINE	ORMATION		
4. Name:			5. RAS #:	
6. Company/Agency:				
7. Address:		Suite #:		
Dity:		State:	Zip Code:	
8. Phone Number:	9. Fax Number:	10. Email:		
I certify that I have performed	d an inspection of the referenced constructi	l ion project:		
11. RAS Signature			Date of Inspection	
0	WNER/OWNER DESIGNEE* PR	ESENT DURING	THE INSPECTION	
12. Name:				
13. Company/Agency:				
14. Address:		Suite #:		
City:		State:	Zip Code:	
15. Phone Number:	16. Fax Number:	17. Email:		
I certify that I was present du	uring the inspection of the referenced cons	l struction project:		
18. Signature of Owner / Designee*			Date of Inspection	
* The designee may be so	omeone other than the owner or d	esignated agent	referenced in Administrative Rule 68.10 (11	